

Arthroscopy: The Journal of Arthroscopic and Related Surgery

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: **Sachin**
2. Surname: **Tapasvi**
3. Are you the corresponding author? Yes ___ No **X**___
4. Effective Date: **14th June 2017**
5. Manuscript Title: **Primary Anterior Cruciate Ligament Repair with Augmentation**

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

2. Consulting fee or honorarium

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

3. Support for travel to meetings for the study or other purposes

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

5. Payment for writing or reviewing the manuscript

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

6. Provision of writing assistance, medicines, equipment, or administrative support

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

7. Other

X **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments† ___

* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

___ No ☒ **Yes**, money paid to you ___ Yes, money paid to institution* Name of entity: **Zimmer Biomet India** Comments___

3. Employment

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus

___ No ☒ **Yes**, money paid to you ___ Yes, money paid to institution* Name of entity: **Zimmer Biomet India, Arthrex, Smith & Nephew** Comments___

7. Payment for manuscript preparation

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

___ No ☒ **Yes**, money paid to you ___ Yes, money paid to institution* Name of entity: **Sanofi Biosurgery** Comments___

11. Stock/stock options

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

☒ **No** ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)

☒ **No** ☐ Yes, money paid to you ☐ Yes, money paid to institution* Name of entity____ Comments____

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☒ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1. Identifying Information

1. Given Name: **Shantanu**
2. Surname: **Patil**
3. Are you the corresponding author? **Yes** X No___
4. Effective Date: **14th June 2017**
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Section 1. Identifying Information

1. Given Name: **Anshu**
2. Surname: **Shekhar**
3. Are you the corresponding author? Yes **No X**
4. Effective Date: **14th June 2017**
5. Manuscript Title: **Primary Anterior Cruciate Ligament Repair with Augmentation**

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The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by *Arthroscopy: The Journal of Arthroscopic and Related Surgery* along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.